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SUGGESTED MEDICAL FUNCTIONS OF THE CENTRAL INTELLIGENCE AGENCY

At first glance there would appear to be four somewhat independent medical activities appropriate to the Central Intelligence Agency, viz:

- a. The maintenance of a dispensary service for personnel serving in Washington with the possibility of making home visits in urgent cases. It is believed that this is a very minor function, in view of the limited responsibility of the Government for such medical care, and the existence of other adequate dispensary services within a short distance of the main CIA offices.
- b. Medical care for CIA personnel overseas. This is a complicated matter and warrants thorough detailed study. Many factors must be considered such as: use of other U. S. Governmental medical personnel and facilities at certain overseas stations; use of local non-American medical personnel; maintenance of appropriate stocks of medicines and other medical supplies, including such perishable products as vaccines and serums; care, if any, to be rendered dependents of CIA personnel, where present abroad; transportation of personnel requiring hospitalization and other medical care that cannot be provided locally; coordination of medical activities in foreign stations with other Governmental agencies already represented (such as Army, Navy, Air Force, Public Health Service, Veterans Administration, State Department, etc.) in order to prevent duplication and to insure adequacy. In some situations local non-American medical

facilities are adequate, in others wholly inadequate or non-existant, in yet others it would be necessary to obtain local permission for American medical personnel to function, even for American officials, while often it would not be in the interest of the U. S. to use local medical personnel, whatever their qualifications. Medical care may at times have to be afforded foreign nationals in American employ - a most delicate problem in certain areas.

The care of mental patients, whether of severe or minor degree, is particularly difficult. Individuals who "break" under the more severe conditions of service must be protected for their own good and in order to prevent their becoming dangerous to the United States. Prevention of mental disorders of whatever degree is one of the most important and difficult phases of the undertaking. (see below)

c. Prevention of disease among CIA personnel, particularly those destined for foreign service. Since many individuals must serve in out of the way places, or where appeal cannot be made to local physicians, it is of the utmost importance that all known measures of disease prevention be taken. This means, not only the usual prophylaxis against such maladies as smallpox, typhoid fever, etc., but special preventive measures against diseases known or thought to exist in the area to which an individual is to be assigned.

Many such measures, e.g. cholera, are of brief duration, so that

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arrangements must be made for renewal of such prophylaxis.

Instruction should be given to personnel intended for foreign service, both by word of mouth and in printed material.

Mental hygiene, in the broad sense of the term, is essential. Careful psychological and psychiatric examinations should be given to all personnel particularly those destined for foreign service. Individuals found to be of unstable mentality should be rejected, whatever their qualifications may be for CIA work.

One of the most important functions of a CIA medical service should be to advise in matter of rotation of personnel abroad. The decision as to when an individual should be relieved from an assignment or transferred from one point to another, or returned to the U.S., must prove difficult in many instances. At times the medical consideration should be secondary, but the officer responsible must be given the full medical picture in order that he may make the decision.

d. Medical Intelligence. Though highly important in consideration of any foreign situation, medical intelligence has, for the most part, been slighted by the U.S. Several foreign countries have long since recognized its importance. The presence or absence of disease in a particular area, has at times the greatest importance in making military and political decisions. To send troops into a locale of epidemic disease could doom the campaign from the start, as happened to Napoleon's Grande Armee in its

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invasion of Russia in 1812. Then typhus fever struck them down by hundreds, while the Russians, largely immune from already having had the disease, remained fit to fight. The economic side of an epidemic is often of enormous international importance. Politically, a country in the throes of an epidemic is in no condition to withstand pressure from some less unfortunate nation. Non-epidemic diseases are no less important. A disease caused by insufficient or improper food, lowered physical resistence (such as long exposure to industrial hazards, work in mines, at severe temperatures, etc.), inadequate clothing or housing, adverse meterological states (such as floods, cyclones, blizzards, etc.), may prove the most weighty factor in political decisions. Not only is it important to know which foreign areas are potentially dangerous, it is often greatly to our advantage to be able to offer scientific advice on the eradication of such evils, for nothing is more productive of good will that aid given in time of hardship and suffering. This phase of the undertaking should

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This is not as alien to CIA interest as at first appears. Medical indications of hostile intentions, or stockpiling of medical materials needed in a war are of tremendous importance.

The term "medical intelligence" was suggested by me in 1924, in an essay which was awarded the Sir Henry Wellcome Gold Medal. But it was only in 1941 that the recommendations were

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put into effect in the War Department.

Already the importance of medical intelligence is realized by other Governmental agencies, such as the Army, Navy, Air Force, Fublic Health Service, Department of Defense, Joint Chiefs of Staff, etc. It is high time that all work in this field be coordinated. The present medical situation in Korea illustrates the good results of proper medical intelligence and coordination. For the first time in American history, we have been in a war in which no epidemic diseases have occurred on our side - a sharp contrast to conditions on the Communist side. They have had epidemics, and highly destructive ones, of smallpox, typhus fever, typhoid fever, and others. One authority has gone so far as to say that more of the enemy have been stricken down by disease than by United Nations weapons in the Korean conflict. The International Red Cross (Swiss) has commented on this at length.

As the matter of the medical interests of CIA is studied, it is likely that other phases of the subject will require development. Possibly a better term than "medical intelligence" could be suggested.

